



New Jersey Department of Children and Families Policy Manual

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Lead Poisoning and the Role of the State Department of Health and Local Health Departments 11-7-2011

According to N.J.A.C. 8:51-2.1, the local health department must work with Health Care Providers in its jurisdiction to ensure that all children under six years of age are appropriately screened for lead poisoning in accordance with N.J.A.C. 8:51A.

In New Jersey, any blood lead level of 20 µg/dL (micrograms per deciliter), or a persistent level of 15 µg/dL or higher, is considered significant and must be reported to the State Department of Health by the laboratory performing the test. The State Department of Health then alerts the local health department where the child lives.

Depending on services available in the county, the local health department:

- Sends out a Public Health Nurse to inform the family about lead poisoning and to help the family get the medical attention the child needs; and/or
- Alerts the Prevention Oriented System for Child Health (POrSCHe) Project in the county the child lives.
- Sends out an inspector to identify the lead hazards.

The inspector writes a report to the property owner, telling him/her where the lead hazards are and what to do about them. The property owner is legally required to remove the hazards. If necessary, the local health department takes the property owner to court to force him/her to remove the hazards.

Lead Exposure and Poisoning 11-5-2003

Lead is a heavy metal found throughout the environment. Ingestion of lead can be toxic. Lead is poisonous to humans. CP&P staff should be aware of the danger of lead poisoning to any child since lead poisoning often leads to

permanent brain damage if undetected and untreated. Consumer products containing lead are banned in the United States. However, lead is still present in the environment. Children can be exposed to lead by having contact with contaminated soil, air and water by ingesting:

- Peeling or chipping lead-based paint;
- Soil or dirt;
- Old plumbing solder;
- Food stored, cooked or served in pottery;
- Folk medicines, such as Greta and Azracon; and
- Many non-USA made household and consumer products, such as cosmetics, creams, lotions and powders.

Lead usually enters children's bodies when lead dust, found in most houses and apartments built before 1978, gets on their hands, toys and pacifiers. Children then place these contaminated items in their mouths.

Children at High Risk for Lead Poisoning

11-7-2011

Certain children, especially those in a growth period of rapid brain development, are especially vulnerable to the effects of lead exposure. High risk groups include:

- Children under six years of age, especially those two years and younger;
- Any children living in New Jersey, due to the age of the housing stock and environmental concerns;
- Children with high blood lead levels; and
- Siblings or other children living in households with children who have lead poisoning, if the source of lead is not identified.

Role of the Worker/Caregiver/CP&P Local Office Child Health Unit Nurse

11-7-2011

The CP&P Worker must ensure that each child on his/her caseload has a primary health care provider. The CP&P Worker must ensure that each child on his or her caseload has the recommended lead screening test. Failure of the caregiver to have a child screened for lead poisoning or to obtain follow-up treatment may result in an allegation of child neglect. The CP&P Worker must document the results of blood lead tests and any related follow-up in the child's

case file and on the Medical/Mental Health Screens in NJ SPIRIT for each child living in his or her own home.

Caregivers for children in placement must schedule and keep well child health appointments to give children the opportunity to receive appropriate preventive health services and screenings, including lead exposure screenings, through Medicaid's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program. The CP&P Worker must assist when necessary.

The CP&P Local Office Child Health Unit Nurse reviews the health records for each child in out-of-home placement for lead screening. The CP&P Local Office Child Health Unit Nurse provides consultation and follow-up. The CP&P Worker ensures that documentation of the results of blood lead tests and any related follow-up is in the child's case file and on the Medical/Mental Health Screens in NJ SPIRIT.

Effects of Lead Poisoning 11-5-2003

Children with high blood lead levels may not look or act sick. There are usually no signs or symptoms of lead poisoning until blood lead levels are very high. Serious health and developmental problems can develop in children with elevated levels of lead in their blood. The only way to know if a child was exposed to lead is to have a blood test. Lead poisoning can cause:

- Behavioral problems;
- Learning difficulties;
- Hyperactivity;
- Mental Retardation;
- Seizures; and
- Death.

Screening For Lead Exposure 11-5-2003

New Jersey State law requires screening of all children for lead poisoning. Further, New Jersey mandates healthcare providers to perform lead testing. All screening for lead poisoning must be performed in accordance with N.J.A.C. 8:51A. Identifying children with high blood lead levels is essential to preventing serious health and behavioral problems.

If a child is of the age when he/she needs a lead test, but no primary pediatrician is available, screening can be provided through local health departments.

Guidelines for childhood blood lead testing include the following:

- Test all children's blood lead levels at or around 12 and 24 months of age;
- Test infants who live in a home with another child who has already been diagnosed with lead poisoning;
- Test children between three and six years of age who have never been tested;
- Test siblings, six years old or younger, of children who have elevated lead levels; and
- Test birth, foster and adoptive siblings, six years old or younger, currently and/or previously residing with the child identified as having elevated lead levels.

Children with elevated blood levels require ongoing follow-up. Specialized medical care, developmental services, additional diagnostic testing and home lead abatement services may be necessary.

Payment for Services 11-5-2003

N.J.S.A. 17:48E-35.10 requires every health insurance plan covering a group of 50 or more persons, including HMO's and Managed Care, to cover the cost of lead screening without any deductible.

Free lead screening is available through local health departments. Every local health department is required to provide lead screening for its community.